



WALNUT VALLEY UNIFIED SCHOOL DISTRICT
NUTRITION SERVICES DEPARTMENT – walnutnutrition.org
880 S. Lemon Avenue • Walnut, California 91789
(909) 595-1261 x31322, x31423, x31424 or x31313 or nutrition@wvusd.k12.ca.us
OFFICE HOURS: Monday – Friday 7:30 a.m. – 4:00 p.m.

2020-2021

FREE AND REDUCED-PRICE MEAL BENEFIT APPLICATION **ONE (1) APPLICATION PER HOUSEHOLD***

*A group of related or non-related individuals who are living as one economic unit and sharing living expenses.
Living expenses include rent, clothes, food, doctor bills, and utility bills.

- ✓ *A new application must be completed for the new school year.*
- ✓ *Last year's application will **EXPIRE** 30 days after the first day of school.*
- ✓ *Student(s) will be required to pay for their meals if a new application is not approved for the new school year.*
 - Paid lunch is \$3.00. Breakfast is available for \$2.00 at Middle and High Schools ONLY.
 - Students eligible for reduced-price meals pay \$.30 for breakfast and \$.40 for Lunch.
- *Approval can take up to 10 days from the day application is date stamped by the Nutrition Services Department.*
- *Send application directly to Nutrition Services. Do NOT leave at the school.*
- *Incomplete or incorrect information on the application may result in delayed processing.*

If you received a notification/approval letter this school year for free or reduced-price meals because someone in the household is receiving Cal Fresh, California Work Opportunity and Responsibility to Kids (CalWORKs), Food Distribution Program on Indian Reservations (FDPIR) benefits, or Medi-Cal/Medicaid, please make sure all of the children in your household are listed in the letter.

If any of your children are NOT listed in the approval letter please contact Nutrition Services immediately so we may extend benefits to all children in the household. If you are not sure please submit a meal application to avoid having to pay full-price for meals.

APPLYING FOR BENEFITS - You may apply for benefits at any time during the school year. If you are not eligible now but your income decreases, you lose your job, your family size becomes larger, or you become eligible for Cal Fresh, CalWORKs, or FDPIR benefits, you may apply at that time.

VERIFICATION - Nutrition Services officials may check the information on the application at any time during the school year. You may be asked to provide information to verify your income, or current eligibility for Cal Fresh, CalWORKs, or FDPIR benefits.

NON-DISCRIMINATION - Children who receive free or reduced-priced meals must be treated in the same manner as those children who pay full price for their meals.

FAIR HEARING - If you do not agree with the decision regarding your application or the result of verification, you may discuss it with Emmalyn Coles, MBA - Director of Nutrition Services. You also have the right to a fair hearing. A fair hearing may be requested by calling or writing the following school official:

Brandon Dade - Director of Pupil Services
880 S. Lemon Ave. Walnut, CA 91789
(909) 595-1261 ext. 43413

CONFIDENTIALITY - Family size, household income, and last 4-digits of social security number information will remain confidential and will not be shared for any purpose. Information provided will assist us in determining your child(ren)'s eligibility to receive free or reduced-price meals.

If you have any questions or need assistance completing the application, please contact:

Evelyn Lovato – Secretary II, Nutrition Services
880 S. Lemon Ave. Walnut, CA 91789
(909) 595-1261 ext. 31322

Nutrition Services will inform you if your application has been approved or denied for free or reduced-price meals.

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INSTRUCTIONS: FREE AND REDUCED-PRICE MEAL BENEFIT APPLICATION

Please complete the attached application, sign the application, and return it to Nutrition Services.
This application cannot be processed without the requested information.

The Richard B. Russel National School Lunch Act requires the information on this application. You do not have to give the information, but if you do not, we cannot approve your child for free or reduced-price meals. You must include the last four digits of the social security number of the adult household member who signs the application. The last four digits of the social security number is not required when you apply on behalf of a foster child or you list a Supplemental Nutrition Assistance Program (SNAP), Temporary Assistance for Needy Families (TANF) Program or Food Distribution Program on Indian Reservations (FDPIR) case number or other FDPIR identifier for your child or when you indicate that the adult household member signing the application does not have a social security number. We will use your information to determine if your child is eligible for free or reduced-price meals, and for administration and enforcement of the lunch and breakfast programs. We MAY share your eligibility information with education, health, and nutrition programs to help them evaluate, fund, or determine benefits for their programs, auditors for program reviews, and law enforcement officials to help them look into violations of program rules.

HOW TO APPLY

Complete and sign the attached **Free and Reduced-Price Meal Benefit Application** for and return it to Nutrition Services as soon as possible. The application cannot be processed and may be returned if it contains incomplete eligibility information.

Cal Fresh, CalWORKs, and FDPIR HOUSEHOLDS — If you receive Cal Fresh, CalWORKs, or FDPIR benefits for your child(ren), list each child's name, and your Cal Fresh, CalWORKs, or FDPIR case number. **AN ADULT HOUSEHOLD MEMBER MUST SIGN THE APPLICATION.**

FOSTER CARE CHILDREN or CHILDREN PLACED IN OUT-OF-HOME CARE — **Application must be filled out by the person legally responsible of the welfare agency or is a ward of the court.** Write the name of the child and the specific school the child attends. If the child receives personal-use income, list the amount of income. Personal-use income is (a) money given by the welfare office identified by category for the child's personal use, such as clothing, school fees, and allowances; and (b) all other money the child receives, such as money from family and earnings from full-time or regular part-time employment. **The foster parent or agency official must sign the application.**

ALL OTHER INCOME HOUSEHOLDS (wages, salary, pensions, etc.)

If you do not enter a Cal Fresh, CalWORKs, or FDPIR case number for each student listed on the application, you must enter the following information on the meal application:

- ✓ Names of all school-age children in your household and the school(s) they attend
- ✓ Names of all other children in your household who do not attend school
- ✓ Names of all adults and other household members, the amount each person received last month, and the source of income
- ✓ Last 4-digits of the social security number of the adult household member who signs the application or indicate "none" if the adult does not have a social security number

An application must be completed, with all household members and relatives or friends, whether or not the child is a ward of the court.

"SAMPLE" Income Eligibility Scale

Household Size	Annual	Monthly	Twice Per Month	Every Two Weeks	Weekly
1	\$23,606	\$1,968	\$984	\$908	\$454
2	\$31,894	\$2,658	\$1,329	\$1,227	\$614
3	\$40,182	\$3,349	\$1,675	\$1,546	\$773
4	\$48,470	\$4,040	\$2,020	\$1,865	\$933
5	\$56,758	\$4,730	\$2,365	\$2,183	\$1,092
6	\$65,046	\$5,421	\$2,711	\$2,502	\$1,251
7	\$73,334	\$6,112	\$3,056	\$2,821	\$1,411
8	\$81,622	\$6,802	\$3,401	\$3,140	\$1,570
For each additional family member add:	\$8,288	\$691	\$346	\$319	\$160

In accordance with Federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, the USDA, its agencies, offices, and employees, and institutions participating in or administering USDA programs are prohibited from discriminating based on race, color, national origin, sex, disability, age, or reprisal or retaliation for prior civil rights activity in any program or activity conducted or funded by USDA. Persons with disabilities who require alternative means of communication for program information (e.g. Braille, large print, audiotape, American Sign Language, etc.), should contact the Agency (State or local) where they applied for benefits. Individuals who are deaf, hard of hearing or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339. Additionally, program information may be made available in languages other than English. To file a program complaint of discrimination, complete the [USDA Program Discrimination Complaint Form](http://www.ascr.usda.gov/complaint_filing_cust.html), (AD-3027) found online at: http://www.ascr.usda.gov/complaint_filing_cust.html, and at any USDA office, or write a letter addressed to USDA and provide in the letter all of the information requested in the form. To request a copy of the complaint form, call (866) 632-9992. Submit your completed form or letter to USDA by: (1) mail: U.S. Department of Agriculture Office of the Assistant Secretary for Civil Rights 1400 Independence Avenue, SW Washington, D.C. 20250-9410; (2) fax: (202) 690-7442; or (3) email: program.intake@usda.gov. This institution is an equal opportunity provider.

Walnut Valley Unified School District

2020-2021

FREE AND REDUCED PRICE MEAL BENEFIT APPLICATION COMPLETE AND RETURN TO NUTRITION SERVICES

California Education Code Section 49557(a): "Applications for free and reduced price meals may be submitted at any time during a school day. Children participation in the Federal National School Lunch Program will not be overtly identified by the use of special tokens, special tickets, special serving lines, separate entrances, separate dining areas, or by any other means."

DO NOT Write In This Box - For Department Use Only			
Household Size:		Household Income \$:	
FREE	REDUCED	DENIED	
APPROVED BY:		Date:	
2nd Review by:		Date:	\$
VERIFICATION: F R D NR		Date:	\$

SECTION A

STUDENT/CHILD INFORMATION

LAST NAME	FIRST NAME	STUDENT		GRADE LEVEL	CURRENT SCHOOL	CalFresh, CalWorks or FDPIR?	Foster Child(ren)?
		STUDENT ID#	NO			ENTER CASE# BELOW	Enter Child(ren) Monthly Personal Allowance Income Below
1							
2							
3							
4							
5							
6							
7							

SECTION B

GROSS MONTHLY INCOME OF ALL HOUSEHOLD MEMBERS (INCLUDE ALL OTHER CHILDREN THAT ARE NOT LISTED ABOVE)

(1) List all adult household members regardless of income. (2) Indicate amount(s) and source(s) of income for those adult household members with income last month. (3) Enter any income received last month by/for a child from full-time or regular part-time employment, SSI, or Adoption Assistance payments and (4) If amount last month was more/less than usual, enter the usual amount.

LAST NAME	FIRST NAME	GROSS MONTHLY INCOME BEFORE DEDUCTIONS	RETIREMENT SOCIAL SECURITY PENSION	CHILD SUPPORT ALIMONY WELFARE BENEFITS	OTHER INCOME	FOR DEPARTMENT USE ONLY
1						
2						
3						
4						
5						
6						

SECTION C

I certify that all of the above information is true and correct and that all income is reported. I understand that this information is given in the connection with the receipt of federal funds, that school officials may verify the information on the application at anytime, and that deliberate misrepresentation of the information may subject me to the prosecution under applicable State and Federal Laws.

SIGNATURE OF ADULT HOUSEHOLD MEMBER COMPLETING THIS FORM			ADDRESS		
PRINT NAME OF ADULT HOUSEHOLD MEMBER SIGNING THIS APPLICATION			CITY	STATE	ZIP CODE
DATE	EMAIL	LAST 4 DIGITS OF SOCIAL SECURITY# "NONE" if N/A	Write	PHONE#	
CHILDREN'S ETHNIC AND RACIAL IDENTITIES (OPTIONAL) CHOOSE ONE ETHNICITY			CHOOSE ONE OR MORE REGARDLESS OF ETHNICITY (OPTIONAL)		
<input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> Not Hispanic/Latino			<input type="checkbox"/> White <input type="checkbox"/> Black or African American <input type="checkbox"/> Asian <input type="checkbox"/> American Indian or Alaskan Native <input type="checkbox"/> Native Hawaiian or Other Pacific Islander		

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